PAGE 1 / 27

Image# 201604209012616084

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	or Other Than An Authoriz	ed Committee	Office	Use Only
1. NAME OF COMMITTEE (in full)		example: If typing, type ver the lines.	12FE4M5	
American Council of Life	e Insurers Political Actio	n Committee		
	<u> </u>			
ADDRESS (number and street)  Check if different	Suite 700			
than previously reported. (ACC)	Washington		DC 2000	01
2. FEC IDENTIFICATION NU	MBER ▼ CITY ▲		STATE A	ZIP CODE ▲
C C00147066	3. IS THIS REPOR	V	AMENDED (A)	)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q:  July 15 Quarterly Report (Q:  October 15 Quarterly Report (Q:  January 31 Year-End Report (YE  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-Election Report for the:  (d) 30-Day	Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G) Special (12S)  Runoff (30R)	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 03		through 03	31 2	016
•	s Report and to the best of my k	nowledge and belief it is tru	ue, correct and compl	ete.
Signature of Treasurer	onald L. Walker		Date 04 2	2016
NOTE: Submission of false, errone Office	ous, or incomplete information may	subject the person signing the	T I	
Use Only			FE	C FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

### American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 03 01 2016 To: 03 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		581209.30
	(b) Cash on Hand at Beginning of Reporting Period	507108.68	
	(c) Total Receipts (from Line 19)	43498.47	87397.85
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	550607.15	668607.15
7.	Total Disbursements (from Line 31)	60500.00	178500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	490107.15	490107.15
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Council of Life Insurers Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees							
(i) Itemized (use Schedule A)	20396.10	33484.62					
(ii) Unitemized	3102.37	8913.23					
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	23498.47	42397.85					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees (such as PACs)	20000.00	45000.00					
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	42400 47	87397.85					
Totals to Line 33, page 5)  Transfers From Affiliated/Other	43498.47						
Party Committees	0.00	0.00					
. All Loans Received	0.00	0.00					
. Loan Repayments Received	0.00	0.00					
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00					
. Refunds of Contributions Made to Federal Candidates and Other							
Political Committees	0.00	0.00					
(Dividends, Interest, etc.)	0.00	0.00					
(from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	43498.47	87397.85					
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	43498.47	87397.85					

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period					
	Operating Expenditures:  a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
(	b) Other Federal Operating						
,	Expenditures c) Total Operating Expenditures	0.00	0.00				
(	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00				
2. 1	Fransfers to Affiliated/Other Party						
	Committees Contributions to	0.00	0.00				
F	Federal Candidates/Committees and Other Political Committees	60500.00	178500.00				
	ndependent Expenditures	0.00	0.00				
5. (	use Schedule E) Coordinated Party Expenditures	0.00	0.00				
{	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00				
6 I	oan Repayments Made	0.00	0.00				
J. L	. repaymond made						
	oans MadeRefunds of Contributions To:	0.00	0.00				
	a) Individuals/Persons Other Than Political Committees	0.00	0.00				
`	b) Political Party Committees	0.00	0.00				
(	c) Other Political Committees (such as PACs)	0.00	0.00				
,	d) Total Contribution Refunds						
(	d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00				
9. (	Other Disbursements	0.00	0.00				
	Federal Election Activity (2 U.S.C. §431(20))						
(	a) Allocated Federal Election Activity						
	(from Schedule H6) (i) Federal Share	0.00	0.00				
	i i	2.00	200				
,	(ii) "Levin" Share	0.00	0.00				
(	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00				
(	c) Total Federal Election Activity (add	200					
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
1. 1	Total Disbursements (add Lines 21(c), 22,						
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	60500.00	178500.00				
2. 1	Fotal Federal Disbursements						
	subtract Line 21(a)(ii) and Line 30(a)(ii)						
f	rom Line 31)▶	60500.00	178500.00				

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43498.47	87397.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43498.47	87397.85
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF 27

ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial)  J Scott Davison  Mailing Address 9601 E 300 S  City Zionsville  FEC ID number of contributing federal political committee.  Name of Employer OneAmerica Receipt For: Primary General Other (specify)	State Zip Code IN 46077-8825  C  Occupation President & CEO  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  03 31 2016  Transaction ID : 70844517  Amount of Each Receipt this Period  5000.00  Memo Item
Full Name (Last, First, Middle Initial)  Mr. Thomas M. Marra  Mailing Address 777 108th Avenue NE Suite 1200  City Bellevue  FEC ID number of contributing federal political committee.  Name of Employer Symetra Financial Corporation  Receipt For: Primary General Other (specify)	State Zip Code WA 98004-5135  C  Occupation President & Chief Executive Officer  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  03 31 2016  Transaction ID: 70844518  Amount of Each Receipt this Period  5000.00  Memo Item
Full Name (Last, First, Middle Initial)  Paul B Pheffer  Mailing Address 100 Court Street  City Binghamton  FEC ID number of contributing federal political committee.  Name of Employer  Security Mutual Life Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code NY 13901-3479  C  Occupation EVP & CFO  Aggregate Year-to-Date ▼  1600.00	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	11600.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 7 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Craig R Raymond Date of Receipt Mailing Address P.O. Box 69 03 2016 25 City Zip Code State Transaction ID: 70845972 01220-0069 Adams MA Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation SVP, Life & Disability Symetra Financial Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jacqueline Veneziani Date of Receipt Mailing Address 777 108th Avenue NE **Suite 1200** 03 28 2016 City State Zip Code Transaction ID: 70845974 WA Bellevue 98004-5135 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Symetra Financial Corporation Vice President & Assoc. General Counse Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Wesley W Severin Date of Receipt Mailing Address 777 108th Avenue NE 03 31 2016 City Zip Code State Transaction ID: 70846812 WA Bellevue 98004-5130 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Symetra Financial Corporation VP - National Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF 27 Use separate schedule(s) for each category of the (check only one)

	EWIZED RECEIPTS		Detailed Summary Page	×	11a		11b	)	11c		12					
	y information copied from such Reports and St for commercial purposes, other than using the															
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Council of Life Insurer															
Δ.	Full Name (Last, First, Middle Initial) Ms. Christine A. Katzmar Holmes			D	ate of	Red	ceip	ot								
	Mailing Address 9607 SE 15th Sztreet				м - м	′	D	31	/ Y		016	Y				
	City	State	Zip Code		Trans	acti	on I	ID : 70	84681	3						
	Bellevue	WA	98004-6754	A	mount	of I	Eac	h Rec	eipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С		] [	-		7	_	7	Ξ	1000.0	0				
	Name of Employer	Occupation		→         L	Mer	mo It	tem									
	Symetra Financial Corporation	SVP, HR &	Administration													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		1000.00													
В.	Full Name (Last, First, Middle Initial)  Dena Thompson			D	ate of	Red	ceip	ot								
	Mailing Address 777 108th Avenue NE Suite 1200				03 31 2016											
	City	State	Zip Code	Transaction ID: 70846816												
	Bellevue	WA	98004-5135	A	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.					7			Ξ	250.0	0					
	Name of Employer Symetra Financial Corporation	Occupation VP & Sr. Ac			Mei	mo It	tem									
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00													
<u>с.</u>	Full Name (Last, First, Middle Initial) Brent P Martonik			D	ate of	Red	ceip	ot								
	Mailing Address 8822 121st St E				M = M 03	′	D	31	/ Y		016	Y				
	City Puyallup	State WA	Zip Code 98373-7914						084686 ceipt th		Period					
	FEC ID number of contributing federal political committee.	С					7		- 7	Ξ	250.0	0				
	Name of Employer	- L	Mei	mo It	tem											
	Symetra Financial Corporation	Vice Presid	ent													
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00													
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	<u> </u>	÷	<del>-</del>	7		7	<del>-</del>	1500.0	0				
Т	OTAL This Period (last page this line number of	only)					7		- 1							

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Council of Life Insu	rers Political Action Committee	
Full Name (Last, First, Middle Initial)  Mr. Richard G. LaVoice  Mailing Address 708 2nd Street  City  Kirkland  FEC ID number of contributing federal political committee.  Name of Employer  Symetra Financial Corporation  Receipt For:  Primary  General  Other (specify)	State Zip Code WA 98033-5551  C  Occupation Sales Management  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Mr. Frederick L. Wortman  Mailing Address 104 Lagrange Street  City  Vestal  FEC ID number of contributing federal political committee.  Name of Employer  Security Mutual Life Insurance Company  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 13850-2455  C  Occupation Executive Vice President, Administrati  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 31 2016  Transaction ID: 70846978  Amount of Each Receipt this Period  250.00  Memo Item
Full Name (Last, First, Middle Initial)  Mr. Vincent J. Montelione  Mailing Address 226 Parks Road  City Chenango Forks  FEC ID number of contributing federal political committee.  Name of Employer Security Mutual Life Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13746-2126  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 31 2016  Transaction ID: 70847454  Amount of Each Receipt this Period  250.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line numb	per only)	

	FOF	R LINE	NU	<b>MBER</b>	:	PAGE	1	IO OF	=	27
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Donald L. Walker Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2016 31 City Zip Code State Transaction ID: PR1156427147134 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation SVP, Administration & CFO American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Kathleen F. Kiernan Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 03 31 2016 City State Zip Code Transaction ID: PR1728112747134 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 160.00 federal political committee. Memo Item Name of Employer Occupation American Council of Life Insurers Sr. Counsel, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$80.00 Semi-Monthly) Other (specify) 480,00 Full Name (Last, First, Middle Initial) c. Ms. Carolyn C. Cobb Date of Receipt

Mailing Address 101 Constitution Ave, NW 03 31 2016 Suite 700 City Zip Code State Transaction ID: PR1821819647134 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing С 244.80 federal political committee. Memo Item Name of Employer Occupation Vice President & Associate General Cou American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$122.40 Semi-Monthly) 734.40 Other (specify)

SUBTOTAL of Receipts This Page (optional)	П		_	7		7	504	.80	ī
**TOTAL This Period (last page this line number only)									٦
, , , ,	_	7			7				

FOR LINE NUMBER: PAGE 11 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2016 03 31 City Zip Code State Transaction ID: PR1871324547134 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Memo Item Name of Employer Occupation President and CEO American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 1249.98 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Brian Waidmann Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 03 31 2016 City State Zip Code Transaction ID: PR1872428347134 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer Occupation American Council of Life Insurers Chief of Staff Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$200.00 Semi-Monthly) Other (specify) 1200.00 Full Name (Last, First, Middle Initial) c. Anita Peduzzi Date of Receipt Mailing Address 101 Constitution Avenue 03 31 2016 Suite 700 W City Zip Code State Transaction ID: PR1978714947134 DC Washington 20001-2146 Amount of Each Receipt this Period FEC ID number of contributing С 83.34 federal political committee. Memo Item Name of Employer Occupation **PAC Director** American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.67 Semi-Monthly) 250.02 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

FOR LINE NUMBER: PAGE 12 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Larry D. D. Burton Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2016 31 City Zip Code State Transaction ID: PR2348687347134 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Memo Item Name of Employer Occupation Chief Operating Officer American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 1249.98 Other (specify) Full Name (Last, First, Middle Initial) B. Rodney A. Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 03 31 2016 City State Zip Code Transaction ID: PR2352660547134 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer Occupation American Council of Life Insurers VP Insurance Regulation Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Semi-Monthly) Other (specify) 600,00 Full Name (Last, First, Middle Initial) c. Mr. Gary E. Hughes Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 03 31 2016 City Zip Code State Transaction ID: PR771358247134 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing С 375.80 federal political committee. Memo Item Name of Employer Occupation American Council of Life Insurers Executive Vice President & General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$187.90 Semi-Monthly) 1127.39 Other (specify) 992.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

Other (specify)

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	OR	LINE	NU	MBER	:	PAGE	1	13 C	F	27
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)						
Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 03 2016 31 City State Zip Code Transaction ID: PR771362447134 20001-2133 DC Washington Amount of Each Receipt this Period FEC ID number of contributing 123.00 federal political committee. Memo Item Name of Employer Occupation Vice President, Conference Development American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$61.50 Semi-Monthly) 369.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. J. Bruce Ferguson Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 03 31 2016 City State Zip Code Transaction ID: PR771373247134 Washington DC 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 325.94 federal political committee. Memo Item Name of Employer Occupation American Council of Life Insurers Senior Vice President, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$162.97 Semi-Monthly)

Full Name (Last, First, Middle Initial)  Mr. David M. Leifer		Date of Receipt
Mailing Address 101 Constitution Avenue, Suite 700 West	NW	03 31 2016
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771374047134  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	184.00
Name of Employer	Occupation	- Memo Item
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 552.00	P/R Deduction (\$92.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

977.82

C.

632.94

	F	ЭR	LINE	NU	MBER	:	PAGE	_ 1	14 OF	27
Use separate schedule(s)	(c	he	ck only	or	ne)					
for each category of the Detailed Summary Page		X	11a		11b		11c		12	
			13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial)  A. Mr. John W. Mangan CEBS  Mailing Address 101 Constitution Ave, NW Suite 700  City State Zip Code  Primary General Other (specify) ▼  Suite 700  Cocupation  Aggregate Year-to-Date ▼  Primary General Office Insurers  Receipt For:  Amount of Each Receipt this Period  Primary General Office (specify) ▼  Suite 700  Date of Receipt  Transaction ID: PR771377147133  Amount of Each Receipt this Period  Primary General Office (specify) ▼  Date of Receipt  Transaction ID: PR771471347134  Amount of Each Receipt this Period  Primary General Office (specify) ▼  Suite 700 West  City State Zip Code  Date of Receipt  Primary General Office (specify) ▼  Date of Receipt  Date of Receipt  Transaction ID: PR771413347134  Amount of Each Receipt this Period  Primary General Office (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Debra K. West  Mailing Address 101 Constitution Avenue, NW Suite 700 West  City State Zip Code  Primary General Office (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Debra K. West  Mailing Address 101 Constitution Avenue, NW Suite 700 West  City State Zip Code  Primary General Office (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Debra K. West  Mailing Address 101 Constitution Avenue, NW Suite 700 West  City State Zip Code  Primary General Office (specify) ▼  Date of Receipt  Primary General Office (specify) ▼  Date of Receipt  Primary General Office (specify) ▼  Date of Receipt  Primary General Office (specify) ▼  Date of Receipt Time Period  Primary General Office (specify) ▼  Primary General Office (specify)		ers Political Action Committee	
Milling Address 101 Constitution Avenue, NW Suite 700 West  City State Zip Code DC 20001-2133  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For:  Primary General Other (specify) ▼  State Zip Code DC 20001-2133  Amount of Each Receipt this Period  P/R Deduction (\$107.00 Semi-Monthly)  Full Name (Last, First, Middle Initial)  Mailing Address 101 Constitution Avenue, NW Suite 700 West  City State Zip Code DC 20001-2133  FEC ID number of contributing federal political committee.  Receipt For:  Mailing Address 101 Constitution Avenue, NW Suite 700 West  City State Zip Code DC 20001-2133  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction (\$107.00 Semi-Monthly)  Date of Receipt  Transaction ID : PR771419347134  Amount of Each Receipt this Period  Transaction ID : PR771421047134  Amount of Each Receipt this Period  P/R Deduction (\$50.00 Semi-Monthly)  P/R Deduction (\$50.00 Semi-Monthly)	Mr. John W. Mangan CEBS  Mailing Address 101 Constitution Ave, NW Suite 700  City Washington  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For: Primary General	DC 20001-2133  C Occupation Regional Vice President, State Relatio  Aggregate Year-to-Date ▼	03 31 2016  Transaction ID: PR771377147134  Amount of Each Receipt this Period  200.00  Memo Item
Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Ms. Debra K. West  Mailing Address 101 Constitution Avenue, NW Suite 700 West  City State Zip Code Transaction ID: PR771421047134  Washington DC 20001-2133  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  P/R Deduction (\$107.00 Semi-Monthly)  PAR Deduction (\$107.00 Semi-Monthly)  Date of Receipt  Transaction ID: PR771421047134  Amount of Each Receipt this Period  Memo Item  P/R Deduction (\$50.00 Semi-Monthly)	Mr. Morris R. Goff  Mailing Address 101 Constitution Avenue, NV Suite 700 West  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code DC 20001-2133  C Occupation	03 31 2016  Transaction ID : PR771419347134  Amount of Each Receipt this Period  214.00
Mailing Address 101 Constitution Avenue, NW Suite 700 West  City Washington  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For:  Primary Other (specify)   Aggregate Year-to-Date   Other (specify)   Date of Receipt  Mailing Address  Transaction ID: PR771421047134  Amount of Each Receipt this Period  100.00  Memo Item  P/R Deduction (\$50.00 Semi-Monthly)	Receipt For:  Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$107.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional) 514.00	Ms. Debra K. West  Mailing Address 101 Constitution Avenue, NV Suite 700 West  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary General	State Zip Code DC 20001-2133  C  Occupation Regional Vice President, State Relatio  Aggregate Year-to-Date ▼	03 31 2016  Transaction ID: PR771421047134  Amount of Each Receipt this Period  100.00  Memo Item
CODITION TO THE TAGO (Optional)	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	514.00

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Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,,g.		13		14		15		16		17

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Full Name (Last, First, Middle Initial)  Ms. Lisa J. Tate  Mailing Address 101 Constitution Avenue, NV  Suite 700	Date of Receipt  03 31 2016	
City	State Zip Code	Transaction ID : PR771423247134
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	Memo Item
American Council of Life Insurers	VP, Litigation & Assoc. Gen. Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. John P. John P. Gerni		Date of Receipt
Mailing Address 101 Constitution Ave, NW		M M / D D / Y Y Y Y
Suite 700 City	State Zip Code	03 31 2016
Washington	DC 20001-2133	Transaction ID : PR771428747134  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	- Memo Item
American Council of Life Insurers	Regional Vice President, State Relatio	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$75.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. David C. Turner	1	Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		03 31 2016
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771428947134  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	287.16
Name of Employer	Occupation	Memo Item
American Council of Life Insurers	EVP, Chief of Staff & Corp. Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	861.49	P/R Deduction (\$143.58 Semi-Monthly)

	FOR LINE NUMBER:	PAGE	16 OF	: 27
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	□ 17

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American Council of Life insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial)  Ms. Alane R. Dent  Mailing Address 101 Constitution Ave, NW  Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20001-2133  C  Occupation Vice President, Federal Relations  Aggregate Year-to-Date ▼  654.24	Date of Receipt  03 31 2016  Transaction ID: PR771444347134  Amount of Each Receipt this Period  218.08  P/R Deduction (\$109.04 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Ms. Julie A. Spiezio  Mailing Address 101 Constitution Avenue NW Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2133  C Occupation Senior Vice President Aggregate Year-to-Date ▼ 300.00	Date of Receipt  03 31 2016  Transaction ID: PR771449647134  Amount of Each Receipt this Period  100.00  Memo Item  P/R Deduction (\$50.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)  Mr. Maurice A. Perkins  Mailing Address 101 Constitution Ave, NW Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20001-2133  C  Occupation Vice President, Federal Relations  Aggregate Year-to-Date ▼  1249.98	Date of Receipt  03 31 2016  Transaction ID: PR805149147134  Amount of Each Receipt this Period  416.66  Memo Item  P/R Deduction (\$208.33 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	734.74

SCHEDULE A (FEC FORM 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 OF 27 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  American Council of Life Insure	rs Politica	al Action Committee	
Full Name (Last, First, Middle Initial) Securian Inc PAC  Mailing Address 400 Robert Street North  City St Paul  FEC ID number of contributing federal political committee.  Name of Employer	State MN  C Coo	Zip Code 55101 0120006	Date of Receipt  03 15 2016  Transaction ID: 70433471  Amount of Each Receipt this Period  5000.00  Memo Item
Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)  Penn Mutual Life Insurance Compar Mailing Address 600 Dresher Road  City Horsham  FEC ID number of contributing federal political committee.  Name of Employer	State PA	Zip Code 19044 0142372	Date of Receipt  03 24 2016  Transaction ID : 70844516  Amount of Each Receipt this Period  5000.00  Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)  TIAA-CREF Political Action Comm  Mailing Address 601 Thirteenth Street NW  Suite 700 North  City  Washington	State DC	Zip Code 20005	Date of Receipt  03 01 2016  Transaction ID : 70861204
FEC ID number of contributing federal political committee.  Name of Employer		0431361	Amount of Each Receipt this Period  5000.00  Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)			15000.00
TOTAL This Period (last page this line number	only)		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 27 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insure  Full Name (Last, First, Middle Initial)  A. Pacific Life Insurance Company PAC Mailing Address 700 Newport Center Drive  City  Newport Beach  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State CA  C Cocupation	Zip Code 92660	
Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State  C Occupation  Aggregate	Zip Code	Date of Receipt  Many / Darb / Yaryary  Amount of Each Receipt this Period  Memo Item
Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State  C Occupation  Aggregate	Zip Code  Year-to-Date ▼	Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

20000.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 19 OF 27
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or used e and address of any political	d by any perso	on for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full)	o and address of any pointed		Solicit Commissions from Cash Commission
American Council of Life Insurers P	Olitical Action Comm	nittaa	
American Council of Life insurers i	Ontical Action Comm	iiiiGG	
Full Name (Last, First, Middle Initial)			
Republican Federal Committee of F	Pennsylvania		Date of Disbursement
Mailing Address 112 State Street			03 18 2016
Mailing Address 112 State Street			03 18 2016
City	state Zip Code		Transaction ID T0404044
	PA 17101		Transaction ID: 70424944
Purpose of Disbursement Political Contribution		044	
Candidate Name		011	Amount of Each Disbursement this Period
Republican Federal Committee of F	Pennsylvania	Category/ Type	2000.00
Office Sought: House Disbursem		1,400	Memo Item
	Primary General		Political Contribution
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			D (B)
3. Healthcare Freedom Fund			Date of Disbursement
Mailing Address P.O. Box 2485			03 18 2016
ag / ida. 666 1 .G. Box 2466			.0 .0.
,	State Zip Code		Transaction ID : 70424982
epge.c	VA 22152		114110404101112 170121002
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name	I		Amount of Each Blood Schieff this Torica
Healthcare Freedom Fund		Category/ Type	2000.00
Office Sought: House Disbursem	nent For:		Memo Item
	Primary General		Political Contribution
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  Opportunity and Responsibility Restored	in our Nation PAC (Orri	innac)	Date of Disbursement
Opportunity and Neoponolollity Neotolea	iii oui ivalioii i Ao (OIII	πιρασ)	M M / D D / Y Y Y Y
Mailing Address P.O. Box 3986			03 18 2016
	State Zip Code DC 20027		Transaction ID: 70424990
Washington Purpose of Disbursement	20021		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name	N. ii. B10 (6 i )	Category/	
Opportunity and Responsibility Restored in our		Type	5000.00
Office Sought: House Disbursem			Memo Item
	Primary General  Other (specify)    The property of the content of		Political Contribution
State: District:	Carlot (opcolly)		
2.53.53			
SUBTOTAL of Disbursements This Page (optional)			9000.00
5 ,			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 27
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	- and beautiful and pointed		
American Council of Life Insurers P	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			
A. Freedom Fund			Date of Disbursement
Mailing Address 701 8th Street NW Suite 500			03 18 2016
	State Zip Code		Transaction ID: 70425003
Washington Purpose of Disbursement	DC 20001		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Freedom Fund Office Sought: House Disbursem	pent For:	Туре	
Senate	Primary General  Other (specify)		Memo Item Political Contribution
State: District:			
Full Name (Last, First, Middle Initial)  3. AMERIPAC: The Fund for a Great	er America		Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 700 13th Street NW Suite 600			03 18 2016
,	State Zip Code DC 20005		Transaction ID: 70425009
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
AMERIPAC: The Fund for a Great	er America	Type	5000.00
Office Sought: House Disbursem	nent For:		Memo Item
	Primary General		Political Contribution
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Devin Nunes Campaign Committee	;		
Mailing Address PO Box 6545			03 18 2016
City	State Zip Code		Transaction ID 70405000
Visalia	CA 93290		Transaction ID: 70425020
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Devin Nunes		Type	2500.00
	nent For: 2016		Memo Item
	Primary General		Political Contribution
State: CA District: 22	Other (specify) ▼		
S.G.C. OA DIOLINIC ZZ			
SUBTOTAL of Disbursements This Page (optional)			12500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Harris I. C. C. C.	FOR LINE	NUMBER: PAGE 21 OF 27
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers P	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			Data of Dishurasment
Blumenthal For Connecticut			Date of Disbursement
Mailing Address C/O Cacace Tusch & Santagata 777 Summer St Suite 103	State Zip Code		03 18 2016
•	State Zip Code CT 06901		Transaction ID: 70425021
Purpose of Disbursement Political Contribution	33301	011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Richard Blumenthal		Type	1000.00
X Senate	nent For: 2016  Primary General  Other (specify)		Memo Item Political Contribution
State: CT District:			
Full Name (Last, First, Middle Initial)  3. Citizens For Rothfus Inc.			Date of Disbursement
Mailing Address PO Box 435			03 18 2016
Sewickley	State Zip Code PA 15143		Transaction ID: 70425022
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Keith Rothfus  Office Sought:  House Disbursem	nent For: 2016	Туре	
Senate	Primary General  Other (specify) ▼		Memo Item Political Contribution
State: PA District: 12			
Full Name (Last, First, Middle Initial)  Tim Scott For Senate			Date of Disbursement
Mailing Address 1405 Ashley River Road			03 18 2016
City	State Zip Code		
,	State Zip Code SC 29407		Transaction ID: 70425023
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Tim Scott		Type	4000.00
X Senate	nent For: 2016  Primary		Memo Item Political Contribution
State: SC District:			
SUBTOTAL of Disbursements This Page (optional)		······································	7000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 22 OF 27
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Annual information positive forces and D	and many well as a 10		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or use e and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	The state of the s		
American Council of Life Insurers F	Political Action Comr	mittee	
/ Full Name (Last, First, Middle Initial)			
A. Brad Ashford For Congress			Date of Disbursement
Mailing Address PO Box 24023			03 18 2016
City	State Zip Code		
Omaha	NE 68124		Transaction ID: 70425024
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Brad Ashford		Type	1000.00
	nent For: 2016		Memo Item
	Primary General		Political Contribution
	Other (specify) ▼		
Full Name (Last, First, Middle Initial)  B. Luke Messer For Congress			Date of Disbursement
3. Luke Messer For Congress			M M / D D / Y Y Y Y
Mailing Address PO Box 917			03 18 2016
City S Shelbyville	State Zip Code IN 46176		Transaction ID: 70425098
Purpose of Disbursement			
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Luke Messer		Туре	
	nent For: 2016		Memo Item
	Primary X General Other (specify) ▼		Political Contribution
State: IN District: 06	Other (specify)		
Full Name (Last, First, Middle Initial)			
C. Wyden for Senate			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 232 NE 9th Avenue			03 18 2016
,	State Zip Code		Transaction ID: 70425296
Portland Purpose of Disbursement	OR 97232		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Ron Wyden		Type	3000.00
	nent For: 2016		Memo Item
	Primary General		Political Contribution
State: OR District:	Other (specify) ▼		
Cate. Oil Biotion			
SUBTOTAL of Disbursements This Page (optional)			6500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  American Council of Life Insurers P	olitical Action Com	nmittee	
Full Name (Last, First, Middle Initial)			Data of Dishusanasa
Ron Johnson For Senate Inc			Date of Disbursement
Mailing Address 219 E Washington Ave Suite 101	7. 0.4		03 18 2016
Oshkosh	tate Zip Code WI 54901		Transaction ID: 70425468
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name Sen. Ron Johnson		Category/ Type	2500.00
Senate President	ent For: 2016 Primary General Other (specify) ▼		Memo Item Political Contribution
State: WI District:  Full Name (Last, First, Middle Initial)  Roskam For Congress Committee  Mailing Address P.O. Box 713			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	tate Zip Code IL 60187		Transaction ID: 70425522
Purpose of Disbursement Political Contribution	55.6.	011	Amount of Each Disbursement this Period
Candidate Name Rep. Peter Roskam		Category/ Type	5000.00
Office Sought: House Disbursem	ent For: 2016  Primary General  Other (specify)	1,1,00	Memo Item Political Contribution
Full Name (Last, First, Middle Initial)  Blaine For Congress			Date of Disbursement
Mailing Address PO Box 98			03 18 2016
,	tate Zip Code MO 65075		Transaction ID: 70425808
Purpose of Disbursement Political Contribution  Candidate Name		011 Category/	Amount of Each Disbursement this Period
Rep. Blaine Luetkemeyer  Office Sought:  House Disbursem	ent For: 2016	Type	2500.00
Senate	Primary ☐ General Other (specify) ▼		Memo Item Political Contribution
		I	

SCHEDULE B (FEC Form 3X)	Han namenaka sakasiki (A	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	l nents may not be sold or use		
or for commercial purposes, other than using the nam	ne and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers F	Political Action Comr	mittee	
Full Name (Last, First, Middle Initial)			Data of Dieleura and
Pat Meehan For Congress			Date of Disbursement
Mailing Address 50 S. Providence Road	<u>.</u>		03 18 2016
	State Zip Code PA 19063		Transaction ID: 70425846
Media Purpose of Disbursement	PA 19063		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Patrick Meehan	ant Foru 2010	Type	
	nent For: 2016 Primary General		Memo Item Political Contribution
	Other (specify) ▼		
State: PA District: 07			
Full Name (Last, First, Middle Initial)  3- Denny Heck For Congress			Date of Disbursement
			M M / D D / Y Y Y Y Y
Mailing Address PO Box 235			03 18 2016
Olympia	State Zip Code WA 98507		Transaction ID: 70426790
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name			, and an end biggardenient tills I ellou
Rep. Denny Heck		Category/ Type	1000.00
	nent For: 2016		Memo Item
	Primary General		Political Contribution
State: WA District: 10	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Stabenow for US Senate			Date of Disbursement
Mailing Address PO Box 4945			03 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		
East Lansing	MI 48826		Transaction ID: 70426828
Purpose of Disbursement Political Contribution		011	Amount of Each Dishurson and this David
Candidate Name		Category/	Amount of Each Disbursement this Period
Sen. Debbie Stabenow		Type	1000.00
	nent For: 2018		Memo Item
	Primary General		Political Contribution
State: MI District:	Other (specify) ▼		
State. IVII DISTILE.			
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30l
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or use and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Council of Life Insurers P	olitical Action Comr	mittee	
Full Name (Last, First, Middle Initial)			Data of Dishamanana
A. Friends of Sam Johnson			Date of Disbursement
Mailing Address PO Box 860096			03 18 2016
,	tate Zip Code TX 75086		Transaction ID : 70426925
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Senate President	ent For: 2016 Primary	Туре	Memo Item Political Contribution
State: TX District: 03  Full Name (Last, First, Middle Initial)  Hurd For Congress  Mailing Address PO Box 761029			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	tate Zip Code		Transaction ID : 70426976
Purpose of Disbursement Political Contribution	70240	011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Senate F	ent For: 2016  Primary	Туре	Memo Item Political Contribution
Full Name (Last, First, Middle Initial) Friends for Gregory Meeks			Date of Disbursement
Mailing Address 153-01 Jamaica Ave Suite 535			03 18 2016
City	tate Zip Code NY 11432		Transaction ID: 70427009
Purpose of Disbursement Political Contribution  Candidate Name		011 Category/	Amount of Each Disbursement this Period
Senate X F	ent For: 2016 Primary General Other (specify) ▼	Туре	2000.00  Memo Item  Political Contribution
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			5500.00

SCHEDULE B (FEC Form 3X)	Llos concrete cohedula(=)	FOR LINE N	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	one) 22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used the and address of any political	by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any political		country community with our community.
American Council of Life Insurers F	Political Action Comm	ittee	
Full Name (Last, First, Middle Initial)			
A. Kristi For Congress			Date of Disbursement
Mailing Address PO Box 852			03 18 2016
	State Zip Code		Transaction ID: 70427047
Sioux Falls Purpose of Disbursement	SD 57101		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name	,	Category/	1500.00
Rep. Kristi Noem  Office Sought:	nent For: 2016	Туре	Manual haus
Senate	Primary General Other (specify) ▼		Memo Item Political Contribution
State: SD District: 00	·		
Full Name (Last, First, Middle Initial)			Data d Bishamana
3. Price For Congress			Date of Disbursement
Mailing Address PO Box 425			03 18 2016
Roswell	State Zip Code GA 30077		Transaction ID : 70427081
Purpose of Disbursement Political Contribution	1	011	Amount of Each Disbursement this Period
Candidate Name		Category/	2222.22
Rep. Thomas Price M.D.		Type	2000.00
Senate	nent For: 2016  Primary General  Other (specify)		Memo Item Political Contribution
State: GA District: 06			
Full Name (Last, First, Middle Initial)  Sherman for Congress			Date of Disbursement
Mailing Address 777 S. Figueroa St			03 18 2016
Suite 4050 City S	State Zip Code		
Los Angeles	CA 90017		Transaction ID: 70427117
Purpose of Disbursement Political Contribution	1	011	Amount of Each Disbursement this Period
Candidate Name	"	Category/	
Rep. Brad Sherman	and Fam. 2015	Туре	1000.00
	nent For: 2016  Primary General  Other (specify)		Memo Item Political Contribution
State: CA District: 30	·		
SUBTOTAL of Disbursements This Page (optional)			4500.00
TOTAL This Period (last nage this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b	one) 22 X 23 24 25 26
Any information ported from such D		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  American Council of Life Insurers F	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)  Friends of Schumer			Date of Disbursement
Mailing Address 192 Lexington Avenue Suite 1001			03 18 2016
City New York	State Zip Code NY 10016		Transaction ID : 70427148
Purpose of Disbursement Political Contribution  Candidate Name		011	Amount of Each Disbursement this Period
Sen. Charles Schumer	nent For: 2016	Category/ Type	1500.00
X Senate	Primary ☐ General Other (specify) ▼		Memo Item Political Contribution
Full Name (Last, First, Middle Initial)			
Wyden for Senate			Date of Disbursement
Mailing Address 232 NE 9th Avenue	7. 0.4		03 18 2016
Portland	State Zip Code OR 97232		Transaction ID: 70638549
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016		011	Transaction ID: 70638549  Amount of Each Disbursement this Period
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016 Candidate Name Sen. Ron Wyden	OR 97232	011 Category/ Type	
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016  Candidate Name Sen. Ron Wyden  Office Sought: House Disbursen Senate		Category/	Amount of Each Disbursement this Period
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016  Candidate Name Sen. Ron Wyden  Office Sought: House Senate President  President	OR 97232  nent For: 2016  Primary General	Category/	Amount of Each Disbursement this Period  -3000.00  Memo Item  Void - Wyden for Senate Issued 3/18/2016  Date of Disbursement
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016  Candidate Name Sen. Ron Wyden  Office Sought: House Senate President State: OR District:	OR 97232  nent For: 2016  Primary General	Category/	Amount of Each Disbursement this Period  -3000.00  Memo Item  Void - Wyden for Senate Issued 3/18/2016
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016  Candidate Name Sen. Ron Wyden  Office Sought: House Senate President State: OR District:  Full Name (Last, First, Middle Initial)  Mailing Address	OR 97232  nent For: 2016  Primary General	Category/	Amount of Each Disbursement this Period  -3000.00  Memo Item  Void - Wyden for Senate Issued 3/18/2016  Date of Disbursement
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016  Candidate Name Sen. Ron Wyden  Office Sought: House Senate President State: OR District:  Full Name (Last, First, Middle Initial)  Mailing Address	onent For: 2016 Primary General Other (specify)	Category/	Amount of Each Disbursement this Period  -3000.00  Memo Item  Void - Wyden for Senate Issued 3/18/2016  Date of Disbursement
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016  Candidate Name Sen. Ron Wyden  Office Sought: House Senate President State: OR District:  Full Name (Last, First, Middle Initial)  Mailing Address  City	onent For: 2016 Primary General Other (specify)	Category/	Amount of Each Disbursement this Period  -3000.00  Memo Item  Void - Wyden for Senate Issued 3/18/2016  Date of Disbursement
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016  Candidate Name Sen. Ron Wyden  Office Sought: House Senate President State: OR District:  Full Name (Last, First, Middle Initial)  Mailing Address  City Senate Purpose of Disbursement  Candidate Name  Office Sought: House Senate Disbursen	onent For: 2016 Primary General Other (specify)   State Zip Code	Category/ Type	Amount of Each Disbursement this Period  -3000.00  Memo Item  Void - Wyden for Senate Issued 3/18/2016  Date of Disbursement
Portland Purpose of Disbursement Void - Wyden for Senate Issued 3/18/2016  Candidate Name Sen. Ron Wyden  Office Sought: House Senate President State: OR District:  Full Name (Last, First, Middle Initial)  Mailing Address  City Senate Purpose of Disbursement  Candidate Name  Office Sought: House Senate Purpose of Disbursement  Candidate Name  Office Sought: House Senate President	onent For: 2016 Primary General Other (specify)   State Zip Code  Then the forith of the content	Category/ Type  Category/ Type	Amount of Each Disbursement this Period  -3000.00  Memo Item  Void - Wyden for Senate Issued 3/18/2016  Date of Disbursement  M M / D D / Y Y Y Y Y  Amount of Each Disbursement this Period